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Valvular Heart Disease

COMPARISON OF THE LONG-TERM OUTCOME OF POSSIBLE AND DEFINITE INFECTIVE ENDOCARDITIS IN A POPULATION-BASED COHORT STUDY

Poster Contributions
Hall C
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Background: The short-term prognosis of IE is relatively well known, but data on long term prognosis are scarce. In addition, there are no data on prognosis of possible compared to definite IE whilst their management is the same in guidelines. Our aim was to describe the clinical features and prognostic outcome in a cohort of patients treated for possible or definite infective endocarditis (IE).

Methods: We studied 616 consecutive patients with IE diagnosed at a tertiary center between 1990 and 2012. They were classified into two groups as defined by modified Duke endocarditis criteria: Group I (n=266, 43%), patients with possible IE; and Group II (n=350, 57%), patients with definite IE.

Results.: Compared to patients with definite IE, patients with possible IE had similar clinical features for age (64±16 vs 66±15; p=0.08), male gender (77% vs 73%; p=0.23), prosthetic valve (22% vs 19%, p=0.27) and most important comorbidities. There was no identified microorganism in 23 % of the patients with possible IE (vs 0%, p<0.0001) and only 35% had a major echocardiographic criteria (vs 100%, p<0.0001). There was no significant differences in rates of pacemaker (9% vs 10%, p=0.65), aortic (60% vs 59%, p=0.76) and mitral locations (40% vs 37%, p=0.46) in group I and group II. Rate of valve surgery during the initial hospital stay was less frequent in patients with possible IE (15% vs 28%, p<0.0001). There were 245 deaths during follow up which was 4.8±5.8 years and patients with possible IE had a lower risk of death (Hazard ratio [HR] 0.71, 95%CI 0.55-0.93, p=0.01). In the whole population, older age (HR = 1.03, 95%CI 1.02-1.05, p<0.0001), methicillin-resistant Staphylococcus aureus IE (HR=2.29, 95%CI 1.13-4.61, p=0.02) and major echocardiographic criteria (HR=1.58, 95%CI 1.12-2.24, p=0.009) were the only predictors of long-term mortality.

Conclusion.: Using the theoretical same therapeutic strategy as proposed in current guidelines, patients with possible IE defined by modified Duke endocarditis criteria have a significantly better prognosis than those with definite IE. This might be explained by the worse prognosis when major echocardiographic criteria are found.